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SNELL & WILMER
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Kim L. Brown (Depositor's name)
 Kim L. Brown (Signature)
 August 16, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/796,748	03/08/2004	Ioan Cosmesu	30359.1900	2521

TITLE OF INVENTION: MULTIFUNCTIONAL TELESCOPIC MONOPOLAR/BIPOLAR SURGICAL DEVICE AND METHOD THEREFORE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/17/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GIBSON, ROY DEAN	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

☐ (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

☐ (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Snell & Wilmer L.L.P.

06/17/2006 BESHANZ 00000040 192614 16796746

2 700.00 DA

3 300.00 DA

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2814 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Laura J. Zeman

Date

8/16/06

Typed or printed name

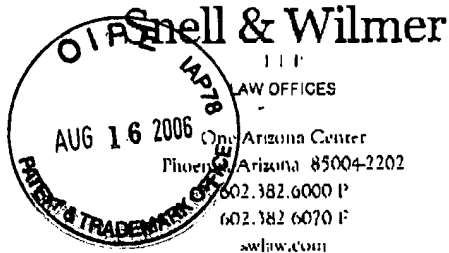
Laura J. Zeman

Registration No.

36,078

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TIME IN:
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Name	Fax Number	Phone Number
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FROM: Laura J. Zeman

PHONE: 602.382.6377

RE: U.S. Serial No. 10/796,748

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Transmittal of Payment of Issue Fee (1 pg.)

Thank you.
Laura J. Zeman

Please confirm receipt of this facsimile.

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3

CONFIRMATION NO.:

CLIENT MATTER NO.: 30359.1900

PLEASE RETURN TO: Kim L. Brown
16S21

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